

DEPARTMENT OF SOCIAL SERVICES

744 F Street, Sacramento, CA 95814



September 1, 1993

Reason for this Transmittal	
<input type="checkbox"/>	State Law Change
<input type="checkbox"/>	Federal Law or Regulation Change
<input checked="" type="checkbox"/>	Court Order
<input type="checkbox"/>	Clarification Requested by One or More Counties
<input type="checkbox"/>	Initiated by CDSS

ALL COUNTY LETTER (ACL) NO. 93-63

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

SUBJECT: STUDENT FINANCIAL AID STATEMENT FOR GAIN
SUPPORTIVE SERVICES

REFERENCES: ACLs NO. 90-70 and 91-05

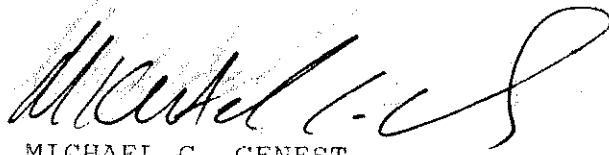
This letter is to transmit to county welfare departments' (CWDs) Greater Avenues for Independence (GAIN) Program staff the new "Student Financial Aid, GAIN Supportive Services" form (TEMP GAIN 56A). This form has been developed as a result of the Yslas v. Anderson lawsuit. Effective immediately, CWDs are to use the TEMP GAIN 56A to document when a participant's GAIN supportive services are being affected by the receipt of student financial aid.

The Manual of Policy and Procedures Section 42-750.93 directs CWDs to maintain documentation in the case file of all determinations regarding the consideration of a participant's educational grants, scholarships and awards for payment of supportive services. ACL No. 90-70, dated July 31, 1990, instructs CWDs to document each participant's voluntary agreement to make their financial aid available to pay for child care, transportation, and ancillary costs which are eligible for GAIN funding. In addition, ACL 91-05, dated January 25, 1991, states that CWDs do not have the authority to mandate how student financial aid is to be used by a participant.

The TEMP GAIN 56A (8/93) will provide adequate documentation that participants are informed they are not required to use their student financial aid to pay for supportive services. The form will also be used to document that a participant voluntarily agrees to use their student financial aid to pay for GAIN fundable child care, transportation and ancillary expenses.

Page Two

If you have any questions regarding the use of this form,
please contact your Employment Operations Analyst at
(916) 657-3403.

A handwritten signature in black ink, appearing to read "Michael C. Genest", written in a cursive style.

MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Enclosure

c: CWDA

STUDENT FINANCIAL AID STATEMENT GAIN SUPPORTIVE SERVICES

COUNTY

CASE NAME

PARTICIPANT'S NAME

WORKER NAME

GAIN supportive services are child care, transportation, ancillary expenses (such as books or school supplies) and personal counseling.

GAIN can help you arrange and/or pay for the supportive services that you can get. Ordinarily, self-initiated education or training programs cannot get ancillary expenses paid.

I understand that I do not have to use any part of my student financial aid (student grant, loan or work/study grants) to pay for the supportive services that I can get from GAIN.

I also understand that I may choose to use some or all of my student financial aid to pay for the supportive services I can get while I am in GAIN.

I understand that if I agree to use some or all of my student financial aid for my GAIN supportive services:

- I can change my mind at any time and stop using these funds for my supportive services.
- If I change my mind, the county will stop considering these funds available on the day I give the county a filled in Part B of this form.
- If I change my mind, the county will not pay for the expenses I agreed to pay for before I gave the county a filled in Part B of this form.

PART A

☐ Yes, I want to use my student financial aid to pay the following expenses:

☐ Child Care

\$ _____ per _____ beginning _____ and ending _____

☐ Transportation

\$ _____ per _____ beginning _____ and ending _____

☐ Ancillary

\$ _____ per _____ beginning _____ and ending _____

☐ No, I do not want to use my financial aid to pay for my ☐ child care ☐ transportation ☐ ancillary expenses.

I HEREBY CERTIFY THAT I UNDERSTAND THIS FORM AND THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Participant's Signature:

Date:

Signature of county worker receiving Part A:

Date:

PART B

☐ I want to stop using my student financial aid to pay for my GAIN supportive services.

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT

Participant's Signature:

Date:

The county received Part B on _____. You will get a notice telling you what supportive services the county can pay for.

Signature of county worker receiving Part B:

TEMP GAIN 56A - INSTRUCTIONS
STUDENT FINANCIAL AID STATEMENT
GAIN SUPPORTIVE SERVICES

The TEMP GAIN 56A (8/93) is to be completed if a GAIN participant agrees or does not agree that his/her financial aid is available to be used to pay for supportive services (child care, transportation and/or ancillary) expenses.

PART A

1. PART A is to be completed only by the GAIN participant.
2. If the participant checks the box in front of "Yes, I want to use my student....", the participant must check which supportive services the money will be made available to pay and the specified time period.
3. If the participant does not agree that the financial aid is available, the participant will check the second box in PART A and have the participant sign the form. When determining the participant's needs for GAIN supportive services, do not take into consideration the financial aid.
4. The participant and county worker signs PART A. A copy of the completed TEMP GAIN 56A is to be given to the participant.

PART B

1. Complete PART B if the participant wants to stop using his/her financial aid for supportive services.
2. The participant may mail or personally deliver PART B to the county. The date the county received PART B is to be entered and the worker receiving PART B is to sign. A copy of the TEMP GAIN 56A with a completed PART B is to be returned to the participant.
3. If the participant completes PART B, the county shall evaluate the GAIN supportive services for which the participant is eligible and send the participant the appropriate NOAs.